

INSPECTION SUMMARY FORM

Department of Building Inspection
P.O. Box 40
Chesterfield, VA 23832

BUILDING NAME _____

ADDRESS _____

EQUIPMENT _____

List below the violations cited and time frame to correct these violations. Please indicate with an asterisk (*) by any violation which should cause the immediate discontinuance of use of the equipment.

I certify that the listed equipment (can/cannot) be operated until the listed corrections have been completed.

Inspector's Signature (Date)

INSPECTOR'S QUALIFICATIONS MUST ACCOMPANY INSPECTION REPORTS